

Committee on Ways and Means
Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)

Your Name: Crystal Towne, RN BSN

<p>1. Are you testifying on behalf of a Federal, State, or Local Government entity?</p> <p style="margin-left: 20px;">a. Name of entity(ies).</p> <p style="margin-left: 20px;">b. Briefly describe the capacity in which you represent this entity.</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input checked="" type="checkbox"/></p>
<p>2. Are you testifying on behalf of any non-governmental entity(ies)?</p> <p style="margin-left: 20px;">a. Name of entity(ies).</p> <p style="margin-left: 40px;">Nurse-Family Partnership National Service Office Yakima Valley Memorial Hospital</p> <p style="margin-left: 20px;">b. Briefly describe the capacity in which you represent this entity.</p> <p style="margin-left: 40px;">Currently deliver the Nurse-Family Partnership model of home visiting as a Nurse Home Visitor at Yakima Valley Memorial Hospital, where I am a part of their Nurse-Family Partnership team.</p>	<p>Yes</p> <p><input checked="" type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>
<p>3. Please list any Federal grants or contracts (including subgrants or subcontracts) which <u>you have received</u> during the current fiscal year or either of the two previous fiscal years: N/A</p>		
<p>4. Please list any offices or elected positions you hold. N/A</p>		
<p>5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?</p>	<p>Yes</p> <p><input checked="" type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>
<p>6. Please list any Federal grants or contracts (including subgrants or subcontracts) which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years, which exceed 10 percent of entity(ies) revenues in the year received. Include the source and amount of each grant or contract. Attach a second page if necessary.</p> <p>Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program: \$645,657 (FY 2014) MIHOPE Evaluation Stipend: \$15,000 Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program: \$582,593 (FY 2013) Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program: \$64,592 (FY 2012) ACYF Carryover : \$50,000 (FY 2012)</p>		